

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

ATTACHMENT 3.1-B
Page 7d

STATE ARKANSAS

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

April 1, 1987

MEDICALLY NEEDY

20. Extended Services for Pregnant Women (Continued)

- b. Services for any other medical conditions that may complicate pregnancy. (Continued)

(4) Nutritional Consultation - Individual

Services provided for high risk pregnant women by a registered dietitian or a nutritionist eligible for registration by the Commission on Dietetic Registration to include at least one of the following:

- an evaluation to determine health risks due to nutritional factors with development of a nutritional care plan
- nutritional care plan follow-up and reassessment as indicated

By definition, this service is covered only for women with high risk pregnancies. This service is appropriate for women whose complications require nutritional education for treatment of the complication (such as diabetics).

MAXIMUM: 9 units per pregnancy (1 unit equals 1 client visit)

STATE <u>AR</u>	A
DATE REC'D <u>JUL 1 1987</u>	
DATE APPV'D <u>JUL 30 1987</u>	
DATE EFF <u>See HCFA-177</u>	
HCFA 177 <u>87-12</u>	

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STATE ARKANSAS

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

April 1, 1987

MEDICALLY NEEDY

20. Extended Services for Pregnant Women (Continued)

- b. Services for any other medical conditions that may complicate pregnancy. (Continued)

(5) Social Work Consultation

Services provided for high risk pregnant women by a licensed social work to include at least one of the following:

- an evaluation to determine health risks due to psychosocial factors with development of a social work care plan
- social work plan follow-up, appropriate intervention and referrals

By definition, this service is only covered for women with high risk pregnancies. This service is appropriate for women whose complications require social work consultation as an essential element of treatment in dealing with the complication (such as a teenager with no place to live).

MAXIMUM: 6 units per pregnancy (1 unit equals 1 client visit)

STATE	<u>AR</u>	A
DATE REC'D	<u>JUL 1 1987</u>	
DATE APP'D	<u>JUL 30 1987</u>	
DATE EIT	<u>See HCFA-179</u>	
HCFA 177	<u>87-12</u>	

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STATE ARKANSAS

AMOUNT, DURATION AND SCOPE OF
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MEDICALLY NEEDY

20. Extended Services for Pregnant Women (Continued)

- b. Services for any other medical conditions that may complicate pregnancy. (Continued)

(6) Early Discharge Home Visit

If a physician chooses to discharge a low-risk mother and newborn from the hospital early (less than 24 hours), the physician or registered nurse employee may provide a home visit to the mother and baby within 72 hours of the hospital discharge; or the physician may request an early discharge home visit from any clinic that provides perinatal services. Visits will be done by physician order (includes hospital discharge order).

A physician may order a home visit for the mother and/or infant discharged later than 24 hours if there is specific medical reason for home follow-up.

These services are preventive in nature to try to avoid post-partum complications.

STATE	<u>AR</u>	A
DATE REC'D	<u>JUL 1 1987</u>	
DATE APPV'D	<u>JUL 30 1987</u>	
DATE EFF	<u>See HCFA-179</u>	
HCFA 179	<u>87-12</u>	

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AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised: April 1, 1994

MEDICALLY NEEDED

21. Pediatric or family nurse practitioners' services as defined in Section 1905(a)(21) of the Act (added by Section 6405 of OBRA '89).

Services are limited to 12 nurse practitioner visits per State Fiscal Year, July 1 through June 30. This yearly limit does not apply to recipients in the Child Health Services (EPSDT) program.

Refer to Attachment 3.1-B, Item 6.d.(6) for obstetric-gynecologic nurse practitioner services.

STATE <u>Arkansas</u>	A
DATE REC'D <u>JUN 30 1994</u>	
DATE APP'D <u>JUL 12 1994</u>	
DATE EFF <u>APR 01 1994</u>	
HCI A 179 <u>94072</u>	

SUPERSEDES: TN - 92-22

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AMOUNT, DURATION AND SCOPE OF
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Revised: April 1, 1994

MEDICALLY NEEDY

22. Respiratory care services (in accordance with Section 1902(e)(9)(A) through (C) of the Act).

Not provided.

STATE <i>Arkansas</i>	
DATE REC'D	<i>JUN 30 1994</i>
DATE APP'D	<i>JUL 12 1994</i>
DATE BR	<i>APR 01 1994</i>
HCHA 179	<i>94-12</i>
A	

SUPERSEDES: TN - *87-12*

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AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised: July 1, 1999

MEDICALLY NEEDY

23. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.

a. Transportation

(1) Ambulance Services

For transportation of recipients when medically necessary as certified by a physician to a hospital, to a nursing home from the hospital or patient's home, to the patient's home from the hospital or nursing home, **from a hospital (after receiving emergency outpatient treatment) to a nursing home if a patient is bedridden** and from a nursing home to another nursing home if determined necessary by the Office of Long Term Care. Emergency service is covered only through licensed emergency ambulance companies. Services not allowed by Title XVIII but covered under Medicaid will be paid for Medicare/Medicaid recipients.

These services will be equally available to all recipients.

(2) **Developmental Day Treatment Clinic Services (DDTCS) Transportation**

Developmental Day Treatment Clinic Services (DDTCS) providers may provide transportation to and from a DDTCS facility. The Medicaid transportation broker must provide transportation to and from the nearest qualified medical provider for the purpose of obtaining medical treatment.

STATE <u>Arkansas</u>	A
DATE REC'D <u>4-26-99</u>	
DATE APPV'D <u>7-1-99</u>	
DATE EFF <u>7-1-99</u>	
HCFA 179 <u>99-07</u>	

SUPERSEDES: TN - 92-37

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AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

March 1, 2000

MEDICALLY NEEDY

23. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.

a. Transportation (Continued)

(3) Non-Emergency

(a) Public Transportation

Effective for dates of service on or after March 1, 2000, public transportation services in Faulkner, Lonoke and Pulaski counties are available when provided by an enrolled Medicaid public transportation provider to an eligible Medicaid recipient being transported to or from a medical facility to receive medical care services covered by the Arkansas Medicaid Program. Transportation will be covered from the point of pick-up to the medical facility or from the medical facility to the point of delivery. The following benefit limits are established. One unit of service = 1 mile. The benefit limits do not apply to EPSDT recipients.

- Public Transportation, Taxi, Intra-City, One Way - may be billed once per day, per recipient for a maximum of 15 units. Extensions of the established benefit limits will be considered if medically necessary. The provider must request an extension.
- Public Transportation, Taxi, Intra-City, Round Trip - may be billed once per day, per recipient for a maximum of 30 units. Extensions of the established benefit limits will be considered if medically necessary. The provider must request an extension.
- Public Transportation, City-to-City - may be billed once per day, per recipient for a maximum of 50 units. Extensions of the established benefit limits will be considered if medically necessary. The provider must request an extension.
- Public Transportation, ADA Accessible Van, Intra-City, One Way - may be billed once per day, per recipient for a maximum of 15 units. The provider may request an Extension of the benefit limit if medically necessary by submitting documentation including the purpose of the trip and the provider's name and address.

STATE	Arkansas
DATE PREP'D	4/14/00
DATE REV'D	2/25/00
DATE	3/1/00
REVISION	99-3D

SUPERSEDES: TN. NONE New Page 2

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AMOUNT, DURATION AND SCOPE OF
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March 1, 2000

MEDICALLY NEEDY

23. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.

a. Transportation (Continued)

(3) Non-Emergency (Continued)

(a) Public Transportation (Continued)

- Public Transportation, ADA Accessible Van, Intra-City, Round Trip - may be billed once per day, per recipient for a maximum of 30 units. The provider may request an Extension of the benefit limit if medically necessary by submitting documentation including the purpose of the trip and the provider's name and address.
- Public Transportation, ADA Accessible Van, Intrastate Authority - may be billed once per day, per recipient for a maximum of 50 units. The provider may request an extension of the benefit limit if medically necessary by submitting documentation including the purpose of the trip and the provider's name and address.

(b) Non-Public Transportation

Effective for dates of service on or after March 1, 2000, non-public transportation services in Faulkner, Lonoke and Pulaski counties are available when provided by an enrolled Medicaid transportation provider to an eligible Medicaid recipient transported to or from a medical provider to receive medical services covered by the Arkansas Medicaid Program. Transportation will be covered from the point of pick-up to the medical service delivery site and from the medical service delivery site to the recipient's return destination.

The following benefit limits are established. The benefit limits do not apply to EPSDT recipients.

This service may be billed once per day, per recipient for a maximum of 300 miles per date of service.

STATE	Arkansas	A
DATE REC'D	4/14/00	
DATE APP'D	2/25/00	
DATE EFF	3/1/00	
HCFA 179	99-30	

SUPERSEDES: TN. None New Page

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AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised: March 1, 2000

MEDICALLY NEEDY

23. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.

a. Transportation (Continued)

(4) Volunteer Transportation

Volunteer carriers are reimbursed for providing transportation to recipients to medical services provided the carriers are registered by the Arkansas Department of Human Services and Medical Services and the medical services are part of the case plan. A General Relief check is issued by local Human Services staff for payment of Medicaid transportation if a licensed carrier is not available.

These services may be billed once per day, per recipient for a maximum of 300 miles per day. The benefit limit does not apply to EPSDT recipients.

(5) Domiciliary Care - The cost of meals, lodging and transportation en route to and from medical care.

b. Services of Christian Science Nurses - Not Provided.

c. Care and services provided in Christian Science sanatoria - Not Provided.

d. Nursing facility services provided for patients under 21 years of age - Not Provided.

e. Emergency Hospital Services

Limited to immediate treatment and removal of patient to a qualifying hospital as soon as patient's condition warrants.

f. Personal Care services in recipient's home, prescribed in accordance with a plan of treatment and furnished by a qualified person under supervision of a registered nurse. Not Provided.

SUPERSEDES: TN - 09-07

STATE	Arkansas
DATE RECD	1/14/00
DATE APVD	2/25/00
DATE EFF	3/1/00
NOTES	09-30

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